

CERTIFIED BID TABULATION FORM

Page ___ of ___

Project #: <u>320-078</u>	Bid Date: <u>2-9-23</u>	Time: <u>2:00</u>
Project Title: <u>LRAN Infr - DCF Water Cons</u>		
Institution/Agency: <u>Delta Correctional Facility</u>		
Professional: _____ (BoB PM & clerical initials <u>CE/HN</u>)		

Contractors

Tri-star Companies, Inc.
 Certificate of Responsibility # 08987
 5% Bid Security: Arch Insurance
 Addenda Received: (# 1) (#) (#) (#) (#)
 Days: 150 Electronic Bid: yes ☒ no ☐

Upchurch Plumbing Incor.
 Certificate of Responsibility # 07682
 5% Bid Security: Arch Insurance
 Addenda Received: (# 1) (#) (#) (#) (#)
 Days: 150 Electronic Bid: yes ☐ no ☒

Certificate of Responsibility # _____
 5% Bid Security: _____
 Addenda Received: (#) (#) (#) (#) (#)
 Days: _____ Electronic Bid: yes ☐ no ☐

Certificate of Responsibility # _____
 5% Bid Security: _____
 Addenda Received: (#) (#) (#) (#) (#)
 Days: _____ Electronic Bid: yes ☐ no ☐

Certificate of Responsibility # _____
 5% Bid Security: _____
 Addenda Received: (#) (#) (#) (#) (#)
 Days: _____ Electronic Bid: yes ☐ no ☐

Certificate of Responsibility # _____
 5% Bid Security: _____
 Addenda Received: (#) (#) (#) (#) (#)
 Days: _____ Electronic Bid: yes ☐ no ☐

Base Bid

\$ 423,000.00
 CR Expires: _____
 Mechanical: Tri-star
 Plumbing: Tri-star
 Electrical: _____
 Modification on envelope: _____

\$ 847,000.00
 CR Expires: _____
 Mechanical: Upchurch
 Plumbing: Upchurch
 Electrical: _____
 Modification on envelope: _____

\$ _____
 CR Expires: _____
 Mechanical: _____
 Plumbing: _____
 Electrical: _____
 Modification on envelope: _____

\$ _____
 CR Expires: _____
 Mechanical: _____
 Plumbing: _____
 Electrical: _____
 Modification on envelope: _____

\$ _____
 CR Expires: _____
 Mechanical: _____
 Plumbing: _____
 Electrical: _____
 Modification on envelope: _____

\$ _____
 CR Expires: _____
 Mechanical: _____
 Plumbing: _____
 Electrical: _____
 Modification on envelope: _____

Alternates

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 1. _____ ()
 2. _____ ()
 3. _____ ()
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 4. _____ ()
 5. _____ ()

* see Proposal Form for any Unit Prices that do not affect base bid nor alternates, if applicable

I certify that this a correct tabulation of all bids received for this Project on the date stated above. (having checked the Contractor's name and certificate number with the Contractor's Board at www.msdoc.state.ms.us / MID at <https://www.mid.ms.gov/licensing-search/company-search.aspx> / MWCC at <https://www.mwcc.ms.gov>).

 (Authorized Signature)

 (Date)
 last revision added electronic line Oct 2021